

Michael Scott Jones #E-40401
Correctional Training Facility
P.O. Box 689 (G-319)
Soledad, California 93960-0689

FILED

08 JUL -1 PM 2:03

RICHARD W. VICKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Petitioner, In Pro se

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA
SAN FRANCISCO DIVISION**

MICHAEL SCOTT JONES,)	CO7-4323 JSW
)	
Petitioner,)	MOTION FOR AN EXTENSION OF TIME
)	TO FILE TRAVERSE
v.)	
)	Judge: The Honorable
ARNOLD SCHWARZENEGGER,)	Jeffrey S. White
)	
Respondent.)	

**TO THE HONORABLE JEFFREY S. WHITE -JUDGE OF THE NORTHERN DISTRICT OF
CALIFORNIA, UNITED STATES DISTRICT COURT.**

COMES NOW, Petitioner Michael Scott Jones, requesting he allowed an
extension of 30 days to file his traverse.

Petitioner makes this request because of the unusual circumstances
and complexity of this instant matter. Petitioner is not trained in the
legal field. The law library here at CTF-Central has limited access due
to current lockdown status (See attached PSR.), coupled with the fact CTF-
Central's law library is not in accordance to meet the current inmate
population needs, further limiting access to the law library. Furthermore,
Petitioner has been classified as a critical worker and said will further
restrict his movement and his ability to access the law library. (See

1 attached declaration.)

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3 Dated June 20, 2008

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5 Respectfully submitted,

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7 Michael Scott Jones
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DECLARATION OF
MICHAEL SCOTT JONES

I, Michael Scott Jones, Declare that:

1. That I need an additional 30 days to Traverse the People's Return because of limited access to the prison law library due to the current "lockdown" here at CTF.


2. I am a layman of the law.

3. That CTF-Central's prison law library maximum capacity of 60 inmates does not meet the current inmate population needs.

4. That I am a critical worker which further limits my access to the law library.

5. That I will suffer extreme prejudice if I am not allowed the additional 30 days to Traverse the People's Response.

6. I declare unde the Penalty of Perjury the foregoing is True and correct. This declaration is executed this 20th Day of June 2008 at Soledad, California.


Michael S. Jones, Declarant

STATE OF CALIFORNIA
CDCR 3022-B (REV. 07/07)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

PROGRAM STATUS REPORT

PART B – PLAN OF OPERATION / STAFF & INMATE NOTIFICATION

Describe only this reporting periods specific Plan of Operation

INSTITUTION Correctional Training Facility Soledad	EFFECTIVE DATE OF PLAN JUNE 20, 2008	PROGRAM STATUS NUMBER: CTF-Central-08-005
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<input type="checkbox"/> NORMAL PROGRAM	<input checked="" type="checkbox"/> MODIFIED PROGRAM	<input type="checkbox"/> LOCKDOWN	<input type="checkbox"/> STATE OF EMERGENCY
<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> UPDATE	<input type="checkbox"/> CLOSURE	

RELATED INFORMATION (CHECK ALL THAT APPLY)

AREA AFFECTED	INMATES AFFECTED	REASON
<input type="checkbox"/> INSTITUTION:	<input checked="" type="checkbox"/> ALL EXCEPT EAST DORM	<input type="checkbox"/> BATTERY
<input checked="" type="checkbox"/> FACILITY: CTF CENT. MAIN LINE	<input type="checkbox"/> BLACK	<input type="checkbox"/> DEATH
<input type="checkbox"/> HOUSING UNIT:	<input type="checkbox"/> WHITE	<input type="checkbox"/> RIOT / DISTURBANCE
<input type="checkbox"/> VOCATION:	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> GROUPING
<input type="checkbox"/> EDUCATION:	<input type="checkbox"/> OTHER	<input checked="" type="checkbox"/> OTHER <u>Escape</u>
<input type="checkbox"/> OTHER:		

MOVEMENT	WORKERS	DAYROOM
<input type="checkbox"/> NORMAL	<input type="checkbox"/> NORMAL	<input type="checkbox"/> NORMAL
<input checked="" type="checkbox"/> ESCORT ALL MOVEMENT	<input checked="" type="checkbox"/> CRITICAL WORKERS ONLY	<input checked="" type="checkbox"/> NO DAYROOM ACTIVITIES
<input type="checkbox"/> UNCLOTHED BODY SEARCH PRIOR TO ESCORT	<input type="checkbox"/> CULINARY	<input type="checkbox"/> MODIFIED:
<input type="checkbox"/> CONTROLLED MOVEMENT	<input type="checkbox"/> CLERKS	
<input checked="" type="checkbox"/> OTHER: VISUAL ESCORTS OF INMATES IN THE CORRIDORS	<input checked="" type="checkbox"/> CULINARY BOX LUNCH CREW, COOKS, KITCHEN WORKERS	RECREATION
	<input type="checkbox"/> CANTEEN	<input type="checkbox"/> NORMAL
	<input type="checkbox"/> CLOTHING ROOM	<input checked="" type="checkbox"/> NO RECREATIONAL ACTIVITIES
	<input type="checkbox"/> RESTRICTED WORK PROGRAM	<input type="checkbox"/> MODIFIED:
	<input type="checkbox"/> PORTERS	
	<input checked="" type="checkbox"/> INMATES MAY ASSIST IN CELL FEEDING PROCESS, NO MORE THAN 12 INMATES	CANTEEN
		<input type="checkbox"/> NORMAL
		<input checked="" type="checkbox"/> NO CANTEEN
		<input type="checkbox"/> MODIFIED:

FEEDING	SHOWERS	PACKAGES
<input type="checkbox"/> NORMAL	<input type="checkbox"/> NORMAL	<input type="checkbox"/> NORMAL
<input checked="" type="checkbox"/> CELL FEEDING	<input type="checkbox"/> ESCORTED	<input checked="" type="checkbox"/> NO PACKAGES
<input type="checkbox"/> CONTROLLED FEEDING IN DINING ROOM	<input type="checkbox"/> ONE INMATE PER SHOWER – OWN TIER	<input type="checkbox"/> MODIFIED:
<input type="checkbox"/> HOUSING UNIT/DORM AT A TIME	<input type="checkbox"/> CELL PARTNERS TOGETHER – OWN TIER	
<input type="checkbox"/> DORM POD AT A TIME	<input type="checkbox"/> DORM SHOWERING BY GROUP	
<input type="checkbox"/> TIER AT A TIME	<input type="checkbox"/> CRITICAL WORKERS ONLY	
<input type="checkbox"/> HOUSING UNIT SECTION AT A TIME	<input checked="" type="checkbox"/> NO SHOWERS	
<input type="checkbox"/> SACK MEAL BREAKFAST		
<input checked="" type="checkbox"/> SACK MEAL LUNCH		
<input type="checkbox"/> SACK MEAL DINNER		

DUCATS	MEDICAL	PHONE CALLS
<input type="checkbox"/> NORMAL	<input type="checkbox"/> NORMAL MEDICAL PROGRAM	<input type="checkbox"/> NORMAL
<input checked="" type="checkbox"/> MEDICAL DUCATS ONLY	<input type="checkbox"/> PRIORITY DUCATS ONLY	<input checked="" type="checkbox"/> NO PHONE CALLS
<input type="checkbox"/> CLASSIFICATION DUCATS	<input checked="" type="checkbox"/> MED. PERS. CONDUCT ROUNDS IN UNITS	<input type="checkbox"/> MODIFIED:
<input type="checkbox"/> PRIORITY DUCATS ONLY	<input type="checkbox"/> INMATES ESCORTED TO SICK CALL	
	<input type="checkbox"/> EMERGENCY MEDICAL ONLY	
VISITING	<input checked="" type="checkbox"/> OTHER: MEDS DELIVERED TO UNITS	RELIGIOUS SERVICES
<input checked="" type="checkbox"/> NORMAL VISITING		<input type="checkbox"/> NORMAL
<input type="checkbox"/> NON-CONTACT ONLY	LEGAL LIBRARY	<input type="checkbox"/> NO RELIGIOUS SERVICES
<input type="checkbox"/> NO VISITING	<input type="checkbox"/> NORMAL	<input checked="" type="checkbox"/> MODIFIED: OFFERED @ CELL FRONT
<input checked="" type="checkbox"/> OTHER: Family Visiting	<input checked="" type="checkbox"/> APPROVED COURT DEADLINES	

REMARKS: On June 18, 2008, an inmate at CTF-Central escaped from his assigned cell. As a result of this incident all inmates housed at CTF-Central Facility are on modified program (Note: East Dorm is excluded from this program modification). In addition to CTF-Central Facility, all inmates housed at CTF-North Facility will be on modified program. (Note: North Facility Textiles Workers will be allowed to go to their job assignments, and Medical Escorts will be allowed). All inmates will be cell fed, inmates may assist in the cell feeding process of their assigned wings, no more than twelve inmates will be allowed out at a time. Inmates going to Medical Appointments, Dental Appointments and BPH will be given an unclothed body search prior to exiting their cell, and will be visually escorted to their destinations. There will be no deviation from this Program Status Report without authorization from the Correctional Captain. Questions or concerns regarding this program modification should be addressed to the Watch Commanders on 2nd or 3rd watch.

Searches of G-Wing wing started at approximately 0935 hours on the 3rd tier, as of 1400 hours, all but twenty-four cells on the 3rd tier have been searched. Note: Inmates cannot be utilized in the feeding process in G-Wing until all cells have been searched.

State of Emergency only: Postponement of nonessential administrative decisions, actions and the normal time requirements

☐ Approved ☐ Disapproved

PREPARED BY:

DATE
June 19, 2008NAME / SIGNATURE (WARDEN)
B. Curry, Warden

DATE

**PROOF OF SERVICE BY MAIL
BY PERSON IN STATE CUSTODY**

(C.C.P. §§ 1013(A), 2015,5)

I, Michael S. Jones, declare:
I am over 18 years of age and I am party to this action. I am a
resident of CORRECTIONAL TRAINING FACILITY prison, in the County
of Monterrey, State of California. My prison address is:

Michael Jones, CDCR #: E-40401
CORRECTIONAL TRAINING FACILITY
P.O. BOX 689, CELL #: 5-319
SOLEDAD, CA 93960-0689

On June 26, 2008, I served the attached:


Motion For An Extension of Time To File Traverse.

on the parties herein by placing true and correct copies
thereof, enclosed in a sealed envelope (verified by prison
staff), with postage thereon fully paid, in the United States
Mail in a deposit box so provided at the above-named institution
in which I am presently confined. The envelope was addressed as

follows: State of California
Department of Justice
Office of the Attorney General
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004

I declare under penalty of perjury under the laws of the
State of California that the foregoing is true and correct.

Executed on 6/26/08.


Michael S. Jones
Declarant